

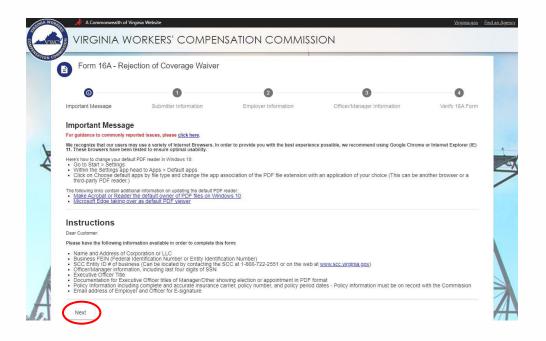
Filing a 16A, Rejection of Coverage Waiver

The 16A should be filled out when an officer of a corporation or a manager of an LLC elects to reject workers' compensation coverage for injury by accident under the Virginia Workers' Compensation Act.

1. Go to the 16A Form website at:

webfile.workcomp.virginia.gov/public-webforms/form16a

- 2. Review the important message screen.
- 3. Click the "Next" button to continue to the "Submitter Information" section.



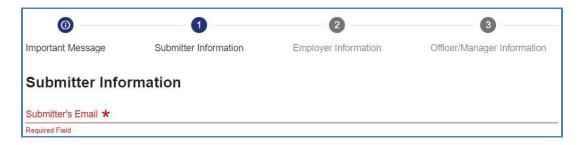
IMPORTANT

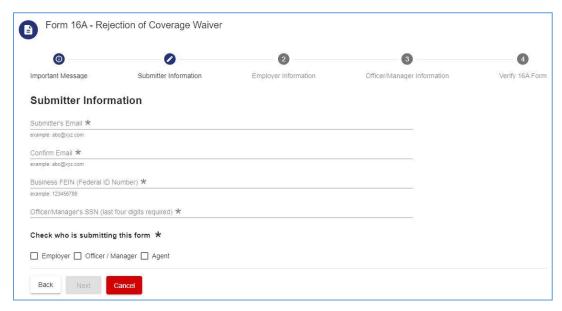


You will need the following information in order to complete this form:

- Name and Address of Corporation or LLC,
- Business FEIN (Federal Identification Number or Entity Identification Number)
- SCC Entity ID # of business (locate by contacting the SCC at 1-866-722-2551 or www.scc.virginia.gov)
- Officer/Manager information, including last four digits of SSN
- Executive Officer Title
- Documentation (PDF) for Executive Officer titles of Manager/Other showing election or appointment in
- Policy Information including complete and accurate insurance carrier, policy number, and policy period dates - Policy information must be on record with the Commission
- Email address of Employer and Officer for E-signature

4. Complete the blank fields and make sure all required fields (marked with an *) are complete.

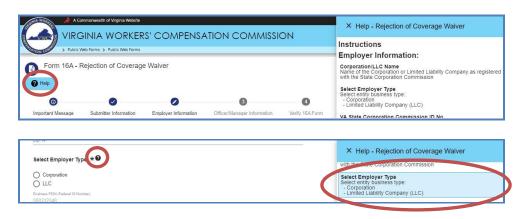




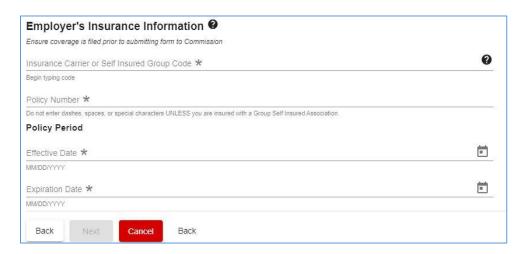
5. Click the "Next" button to continue to the "Employer Information" section.



Click the Help icon (?) to find additional information.



6. Complete the blank fields and make sure all required fields (marked with an *) are complete.



Note: If your business has workers' compensation insurance, as you type the Carrier Code into the application, the Insurance Carrier name and Carrier number will appear in a list. Selecting your Insurance Carrier from the list will populate your Insurance Carrier's name in the Insurance Carrier field. If the Insurance Carrier list does not appear in the list, please confirm your Carrier Code.

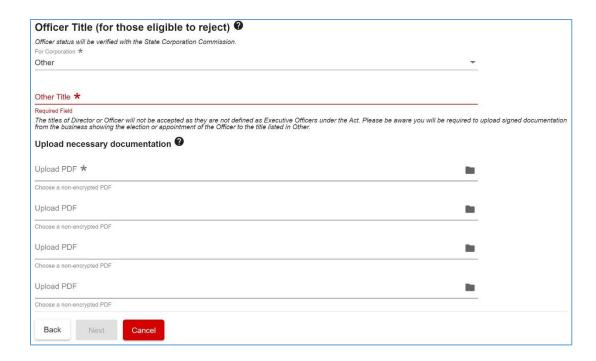
Note: The Policy Number should **not** include any special characters (i.e., -, *, &, ...) even if they appear on your policy DEC page. The exception is all GSIA (Group Self Insured Agency) policies—they **must** include the dash.

7. Click the "Next" button to continue to the "Officer/Manager Information" section.

8. Complete the blank fields and make sure all required fields (marked with an *) are complete.

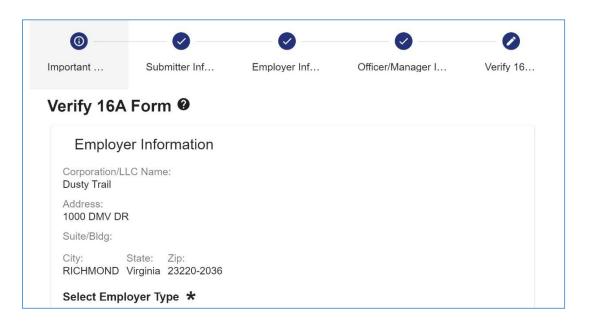


- 9. If "Corporation" was selected from "Employer Type" the user must select an Officer Title.
- 10. If "Other" is selected, the user must enter their title in the free form text box.
- 11. Necessary documentation is required when selecting "Other."
- 12. Click "Upload PDF" to locate the document. The total size of PDF attachments cannot exceed 15 MB.



13. Click the "Next" button to continue to the "Verify 16A" section.

14. Review the submitted information.



- 15. Review the Terms and Conditions by clicking on the "Terms and Conditions" link in the bottom left hand corner.
- 16. After reviewing, check the box to accept the Terms and Conditions.
- 17. Enter signature and the date notice received by Employer.
- 18. Click "Submit" to complete your registration.

IMPORTANT



Google Chrome Users—if your certificate **does not** appear, please check the bottom of your browser screen. The PDF may have downloaded and you **must** select the box at the bottom of your screen to open the PDF, and then save it appropriately.